

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

250763-008512  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAR 14 1963

VS 300  
Rev. 4/59

1

3

4 0

5 2

6

7 0

8 1

9

10

11

12 74-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

22 hrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Johns Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY OR TOWN

Labaddie

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Rte. #1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Archie

Middle

Wilson

Last

Dean

4. DATE OF DEATH

Month

Mar.

Day

2,

Year

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-27-1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Decorator

10b. KIND OF BUSINESS OR INDUSTRY

Scruggs-Vand.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Francis Dean

13b. MOTHER'S MAIDEN NAME

Virginia Hortiz

14. NAME OF HUSBAND OR WIFE

Antoinette dcd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

no

None

NO.

3

17. INFORMANT

Aurella M. Dean

10124 Stephens Pl.,

St. Ann, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a).

Myocardial Anoxia

DUE TO (b)

Marked Pulmonary Emphysema & Acute Suppurative

DUE TO (c)

BRONCHITIS. (Tuberculosis is QUESTIONABLE)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

502.0

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1 1963

to March 2 1963

and last saw her alive on March 2 1963

Death occurred at 3 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Henry L. Pugin MD

(Degree or title)

22b. ADDRESS

4567 Larch St. L. Mo.

22c. DATE SIGNED

3/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

3-6-1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon Cem.

23d. LOCATION (City, town, or county)

St. Ann, Mo.

(State)

24. FURNER'S NAME

Baldwin Bros. Inc.

ADDRESS

2504 Woodson Rd., Overland 14, Mo.

25. DATE RECD. BY LOCAL REG.

MAR 4 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*David Gibson*

Licensed Embalmer No. 3457

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.